

CENTRE ID

For office use only

Follow-up No.

PATIENT ID

For office use only

Date completed:

Biologic treatment number: 1 2 3 4 5 6

No. months post therapy: B 3 6 12 24 36

PARTICIPANT LIFESTYLE QUESTIONNAIRE

Please complete this questionnaire which will give us some background information that will help us with our study.

There are four sections to this questionnaire.

- If you are female, please answer all four sections;
- if you are male, please answer sections A to C

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SECTION A:**GENERAL QUESTIONS:**

1. Date of birth:

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 (dd/mm/yyyy)

2. Sex: Male ☐ Female ☐

3. **Ethnic Group:** Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

a. White

British ☐ Irish ☐
Any other White background ☐ (Please specify): _____

b. Mixed

White and Black Caribbean ☐ White and Black African ☐
White and Asian ☐
Any other Mixed background ☐ (Please specify): _____

c. Asian or Asian British

Indian ☐ Pakistani ☐
Bangladeshi ☐
Any other Asian background ☐ (Please specify): _____

d. Black or Black British

Caribbean ☐ African ☐
Any other Black background ☐ (Please specify): _____

e. Chinese or other ethnic group

Chinese ☐
Any other background ☐ (Please specify): _____

SECTION B:

SMOKING

4. Have you **EVER** smoked more than one cigarette a day? Yes ☐ No ☐

5. If you have **EVER** smoked, please could you state:

a. How many cigarettes you smoked per day?

b. Age you started smoking? (Years)

c. Age you stopped smoking? (Years)

6. Do you **CURRENTLY** smoke more than one cigarette a day? Yes ☐ No ☐

7. If **YES**, how many cigarettes do you smoke per day?

ALCOHOL CONSUMPTION

8. Please tick **ONE** box to state often do you have a drink containing alcohol?

Never ☐ Monthly or less ☐ 2 to 4 times a month ☐

2 to 3 times a week ☐ Four or more times a week ☐

9. Please state the units of alcohol do you drink in an average **WEEK**?

(NB: One unit equals half a pint of beer/lager, a glass of wine, or a single measure of spirits)

SECTION C:

EDUCATION

10. At what age did you leave full time education? (Years)

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AREA OF RESIDENCE

11. Please state the postcode of the area in the United Kingdom that you permanently reside in?

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OCCUPATION/EMPLOYMENT

12. a) Please tick ONE box which best describes what you are doing AT THE MOMENT:

Working for an employer full-time (more than 30 hours per week)

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Working for an employer part-time (1 hour per week or more)

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Self-employed full-time (more than 30 hours per week)

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Self-employed part-time (1 hour per week or more)

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Working full-time in the home

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Unemployed but seeking work

--

Not working due to long-term sickness or disability

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Student

--

Semi-retired

--

Retired

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12. b) What is your current occupation (if employed)?

SECTION D:

WOMEN'S HEALTH

Please complete this section if you are a female.

13. At what age did you have your first menstrual period? (Years)

a) Are you still having periods? Yes ☐ No ☐

b) If NO at what age did you have your last period? (Years)

14. Have you had a hysterectomy? Yes ☐ No ☐

a) If yes how old were you? (Years)

15. Have you ever taken any form of hormonal contraception (for any reason) e.g. the pill, mini-pill or depot injections?

Yes ☐ No ☐

If yes:

a) At what age did you FIRST start using it? (Years)

b) At what age did you last use it? (Write 'still using' if still on it) (Years)

16. Have you ever taken hormone replacement therapy (HRT) ether tablets or patches?

Yes ☐ No ☐

If yes:

a) At what age did you start using HRT? (Years)

b) At what age did you last use HRT? (write 'still using' if still on it). (Years)

17. Have you ever been pregnant (including still births and miscarriages)?

Yes ☐ No ☐

a) How many pregnancies did you have that resulted in a live birth?

b) How many pregnancies ended in a still-birth or miscarriage?

c) How many pregnancies ended in a termination?

Thank you for completing this questionnaire